Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01-29-2010</u>	Address:	Keller Ave
Case #:	<u>96-04802</u>		North Judson
County:	<u>Starke</u>		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	Check all that apply) Hotel/Motel Open — No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia:			
 ☐ Hydrochloric Acid Gas Generator(s): removed from trash ☐ Corrosive Acid: 			
Corrosive Base: Other (item and location):			
YesNo	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine Retail/Me	e Information e/Pseudoephedrine Tracking Log erchant Tip rth Judson PD
This report is to be faxed to the following agencies that serve the location:			
Health Depa	nent: North Judson VFD urtment: Starke County ction Service:	Fax: <u>574-8</u> ; Fax: <u>574-7</u> ; Fax:	<u>72-8035</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Scott Gilbert Phone 574-546-4900			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.